

STATEMENT OF VOLUNTARY CHILD SUPPORT PAYMENTS*

I, _____ have made the following voluntary
 (Payor)
 child support payments to _____ the past
 (Payee)
 _____ months, in addition to the amount I have paid this month:

Month	Amount Paid
Amount paid to date this month.	\$
Date Paid: mm/dd/yy	\$
Date Paid:	\$

(Please use additional paper if necessary)

When did you begin to pay this voluntary child support? _____
 (Mo/yr)

In the future, what amount do you intend to pay? \$ _____ How often? _____

NAMES OF CHILD(REN) FOR WHOM THE SUPPORT IS BEING PAID:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

 (payor signature) (date)

 (address)

 (phone)

I have reviewed the payments listed and agree that I have received these amounts.

 (payee signature) (date signed) **Master Case #** _____

 (payee printed name)

*Completing this form does not constitute compliance with Child Support Enforcement. Information on this form will be used for computing benefits for Economic Assistance programs.